

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -7 PM 1:28

DOCUMENT # **P94000050632**

1. Corporation Name

J.I.D. Products Inc.

2. Principal Office Address

4244 WEST 12TH AVE

Suite, Apt. #, etc.

City & State

MIAMI - FL 33012

Zip

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1994

5. FEI Number

65-0505330

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVALOS, Jose M.

Street Address (P.O. Box Number is Not Acceptable)

4801 SW 141 AVE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

☒

Date

11/24/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | DAVALOS, Jose M | 4801 SW 141 AVE | MIRAMAR FL 33027 |
| TS | DAVALOS, IRMA | 4801 SW 141 AVE | MIRAMAR FL 33027 |
| | | | |
| | | | |
| | | | |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

DAVALOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/00 (307) 828-0582

Date

Daytime Phone #

CR2E081 (9/99)

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P94-
50632

Miami November 24th 20000

Division of Corporation
Annual reports
P.O.Box 6327
Tallahassee, fl 32314-6327

ATTN: MR YFISHER
Gentleman:

Enclosed you will find the reinstatement form for our Corp J.I.D Products Inc, duly signed and the check for \$ 150.00 covering the annual fees.

As we explained over the phone we never receipt by mail the annual form addressed to my previous home that we sold it on January this current year.

Thanking you in advance for your cooperation, we remain

Yours Truly

J.I.D.Products Inc.

J.M. Davalos
President